

Model AED Placement Notification

FAX to 907-465-4101

To: Alaska Department of Health and Social Services
Section of Community Health and EMS
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The purpose of this fax is to notify the Alaska Department of Health and Social Services that an automated external defibrillator purchased under the Rural Access to Emergency Devices Act has been:

- ☐ placed at:
- ☐ relocated to:

Description of Location

The make, model and serial number of this device is:

Make and Model

Serial Number

The effective date of this placement is: _____.

Name of Agency

Name of Agency Representative

Contact Phone Number

Date

e-mail address

This form should be completed any time an automated external defibrillator purchased under the Rural Access to Emergency Devices Act is placed in a particular location or is relocated. In addition, the form can be used to inform the State EMS Program of the location of other AEDs so that it can implement the goals of the Rural AED Program more effectively.